

**DEPARTMENT OF CORRECTIONS
REQUEST FOR APPROVAL OF OUTSIDE EMPLOYMENT**

Employee Name: _____ Job Title: _____

Department: _____ Division: _____

Facility/Branch/Section _____

Work Schedule (days of week/hours per day) _____

I request approval of off-duty employment with:

Name of Outside Employer: _____

Type of Business: _____

Business Address: _____

Supervisor: _____ Supervisor Title: _____

Description of Contracts with the Justice & Public Safety Cabinet or the Department of Corrections

Description of Regulatory Relationship with the Justice & Public Safety Cabinet or the Department of Corrections

Description of outside employment (including schedule of days and hours requesting to work)

As a public servant, I am not involved in the Justice and Public Safety Cabinet or the Department of Corrections decisions concerning the above named employer. If the request is approved, I agree that if, in the future, I realize that I will be involved in such decisions, I will immediately notify my appointing authority, or his/her designee, and take steps to avoid any conflict of interest. Attached for your review are the following: a copy of my current P-1 personnel form and job description.

Requesting Employee's Signature

Title

Date

Subscribed, sworn, and acknowledged before me by _____ this the
_____ day of _____ 20____.

Notary Public _____

My Commission Expires _____

As appointing authority for the Department of Corrections, I certify that this employee is not involved in this Department's decisions concerning the employee's company of outside employment. This off-duty employment, in my opinion, will not create a real or perceived conflict of interest which would damage public confidence in government; and that I approve such off-duty employment.

Appointing Authority or Designee Signature

Title

Date